

KY Medicaid Fee-for-Service Behavioral Health & Substance Abuse Services

Inpatient (Facility) Fee Schedule

Effective January 1, 2021 (revised 9/1/2021)

PLEASE CONTINUE TO USE THE ADDITIONAL HF MODIFIER FOR ALL SUD SERVICES FOR TRACKING PURPOSES

- * Limited to MD/DO, LP, LPP, Cpsy w// Auto. Funct., LPA, or Cpsy
- ** Limited to MD/DO, LP, LPP, Cpsy w// Auto. Funct.
- *** Limited to Physician, LBA, LABA, Technician, or other qualified healthcare professional as listed.
- 1 Licensed Organization only; must be billed by provider type 03 (BHSO)
- + Indicates add-on code



KENTUCKY CABINET FOR
HEALTH AND FAMILY SERVICES

Kentucky Medicaid Behavioral Health Substance Abuse Services - Facility Fee Schedule (Effective 1/1/2021)

Code	Description	Unit of Service	Entity Rate	<u>Modifiers:</u> Psychiatrist= AF; MD/DO= AM	<u>Modifiers:</u> APRN= SA; Licensed Clinical Psychologist= AH; PA= U1	<u>Modifiers:</u> Lic Masters level- (Supervisor): LPP, CPsy w/Auto Funct.= U8; LCSW= AJ; LPCC, LMFT, LPAT, LBA LCADC= HO	<u>Modifiers:</u> Assoc (w/ Supervision): LPA, CPsy, CSW, LPCA, MFTA, LPATA, LABA, LCADCA= U4	<u>Modifier:</u> CADC= U6	<u>Modifiers:</u> Other Non- Bachelors- level: PSS= U7; CSA= UC	
90785	Interactive Complexity <i>Use in conjunction with codes for diagnostic psychiatric evaluation [90791, 90792], psychotherapy [90832, 90834, 90837], psychotherapy when performed with an E&M service [90833, 90836, 90838, 99203-90205, 99213-99215], and group psychotherapy [90853] (See Note +)</i>	Event		9.77	8.30	7.81	6.84	4.88		*
90791	Psychiatric Diagnostic Evaluation	Event		114.89	97.66	91.91	80.42			*
90792	Psychiatric Diagnostic Evaluation with medial services	Event		129.17	109.80 APRN=SA & PA=U1 only					*
90832	Psychotherapy, 30 minutes with patient and/or family member	30 Minutes		50.57	42.99	40.46	35.40	25.29		*
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service <i>Use in conjunction with allowable E&M codes [99203-99205, 99213-99215] (See Note +)</i>	30 Minutes		46.48	39.51 APRN=SA & PA=U1 only					*
90834	Psychotherapy, 45 minutes with patient and/or family member	45 Minutes		66.94	56.90	53.55	46.86	33.47		*

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90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service <i>Use in conjunction with allowable E&M codes [99203-99205, 99213-99215] (See Note +)</i>	45 Minutes	58.76		49.94 APRN=SA & PA=U1 only					*
90837	Psychotherapy, 60 minutes with patient and/or family member	60 Minutes	98.99		84.14	79.19	69.29	49.49		*
99354	Prolonged Services (First Hour) <i>Must be billed on the same date of service as 90837, Limited 1 unit per client, per date of service (See Note +)</i>	30-60 Minutes	86.51		73.54	69.21	60.56	43.26		*
99355	Prolonged Services (After the first 60 minutes of prolonged services) <i>Must be billed on the same date of service as 90837 and 99354, limited 2 units per client, per date of service (See Note +)</i>	15-30 Minutes	63.94		54.35	51.15	44.76	31.97		*
90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service <i>Use in conjunction with allowable E&M codes [99203-99205, 99213-99215] (See Note +)</i>	60 Minutes	78.05		66.34					*

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90839	Psychotherapy for Crisis, first 60 minutes	60 Minutes	94.05		79.94	75.24	65.84	47.03		*
90840	Each additional 30 minutes <i>Use in conjunction with 90839 (See Note +)</i>	30 Minutes	44.66		37.96	35.72	31.26	22.33		*
90845	Psychoanalysis	Event	63.95		54.36	51.16	44.77			*
90846	Family psychotherapy	Event	72.26		61.42	57.81	50.58	36.13		*
90847	Family psychotherapy with patient present	Event	74.88		63.65	59.90	52.42	37.44		*
90849	Multiple-family group psychotherapy	Event	20.42		17.36	16.34	14.30	10.21		*
90853	Group psychotherapy (other than of a multiple-family group)	Event	17.69		15.04	14.15	12.38	8.85		*
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes	Event	91.49		77.76	APRN=SA & PA=U1 only				*
90870	Electroconvulsive therapy (includes necessary monitoring)	Event	78.97							*
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality, with psychotherapy, 30 minutes	30 Minutes	31.67		26.92	25.34	22.17			
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality, with psychotherapy, 45 minutes	45 Minutes	49.28		41.89	39.43	34.50			

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90887	Collateral Therapy	Event	55.20		46.92	44.16	38.64	27.60		
90899	Unlisted psychiatric service or procedure	Event	21.53		18.30	17.22	15.07	10.77		
96105	Assessment of aphasia, with interpretation and report, per hour	Per Hour	72.07		61.26	57.65	50.45			*
96110	Developmental screening, with scoring and documentation, per standardized instrument	Event	32.19		27.36	25.75	22.53			
96112	Developmental test administration, by physician or other qualified health care professional, with interpretation and report, first hour	60 Minutes	92.99		79.04	74.39	65.09			*
96113	Each additional 30 minutes <i>Use in conjunction with 96112 (See Note +)</i>	30 Minutes	39.40		33.49	31.52	27.58			*
96116	Neurobehavioral status exam, per hour of the physician's or qualified health care professional's time, both face-to-face time with the patient and time interpreting test results and preparing the report	60 Minutes	60.86		51.73	48.68 U8 ONLY				*
96121	Each additional hour <i>Use in conjunction with 96116 (See Note +)</i>	60 Minutes	54.20		46.07	43.36 U8 ONLY				*

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96125	Standardized cognitive performance testing, per hour of the physician's or qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting test results and preparing the report	60 Minutes	75.55		64.22	60.44	52.88			*
96127	Brief emotional/behavioral assessment, with scoring and documentation, per standardized instrument	Event	3.17		2.70	2.54	2.22			*
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient and family member(s) or caregiver(s), when performed; first hour	60 Minutes	79.38		67.47	63.50 U8 ONLY	55.57 LPA or Cpsy=U4 only			*
96131	Each additional hour <i>Use in conjunction with 96130 (See Note +)</i>	60 Minutes	59.84		50.86	47.87 U8 ONLY	41.88 LPA or Cpsy=U4 only			*

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96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	60 Minutes	77.80		66.13	62.24 U8 ONLY				*
96133	Each additional hour <i>Use in conjunction with 96132 (See Note +)</i>	60 Minutes	58.73		49.92	46.99 U8 ONLY				*
96136	Psychological or Neuropsychological testing administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	30 Minutes	17.76		15.10	14.21 U8 ONLY	12.43 LPA or Cpsy=U4 only			*
96137	Each additional 30 minutes <i>96136, 96137 may be reported in conjunction with 96130, 96131, 96132, 96133 on the same or different days (See Note +)</i>	30 Minutes	13.84		11.76	11.07 U8 ONLY	9.69 LPA or Cpsy=U4 only			*

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96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	30 Minutes	24.32		20.67	19.46 U8 ONLY	17.03 LPA or Cpsy=U4 only			*
96139	Each additional 30 minutes <i>96138, 96139 may be reported in conjunction with 96130, 96131, 96132, 96133 on the same or different days (See Note +)</i>	30 Minutes	24.32		20.67	19.46 U8 ONLY	17.03 LPA or Cpsy=U4 only			*
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	Event	1.35		1.15	1.08 U8 ONLY	0.95 LPA or Cpsy=U4 only			*
96156	Health behavior assessment, or re- assessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making)	Event	63.27		53.78 APRN=SA & PA=U1 only					*

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97151	Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 minutes of the practitioner's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing finding and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan (See Note ***)	15 Minutes	25.40		21.59	20.32	17.78		
97152	Behavior identification supporting assessment, administered by one technician under the direction of a physician or other qualified healthcare professional, face-to-face with the patient, each 15 min (See Note ***)	15 Minutes							11.25
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, each 15 min (See Note ***)	15 minutes							11.25

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97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with two or more patients, each 15 min (See Note ***)	15 Minutes							11.25
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes (See Note ***)	15 Minutes	25.40	21.59	20.32	17.78			
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 min (See Note ***)	15 Minutes	19.72	16.75	15.78	13.80			

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97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (without the patient present), face- to-face with multiple sets of guardians/caregivers, each 15 min (See Note ***)	15 Minutes	9.89		8.48	7.99	6.99			
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, face-to-face with multiple patients, each 15 min (See Note ***)	15 Minutes	9.89		8.48	7.99	6.99			
99202	Office or other outpatient visit for the evaluation and management of a new patient which requires a medically appropriate history and or exam and straightforward medical decision making	15-29 minutes	35.61		30.27	APRN=SA & PA=U1 only				*
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and or exam and low level medical decision making	30-44 minutes	60.35		51.30	APRN=SA & PA=U1 only				*

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99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and or exam and moderate level medical decision making	45-59 minutes	98.27		APRN=SA & PA=U1 only					*
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and or exam and high level medical decision making	60-74 minutes	133.33		APRN=SA & PA=U1 only					*
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and or exam and low level medical decision making	20-29 minutes	48.69		APRN=SA & PA=U1 only					*
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and or exam and moderate level medical decision making	30-39 minutes	71.93		APRN=SA & PA=U1 only					*

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99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and or exam and high level medical decision making	40-54 minutes	105.80		APRN=SA & PA=U1 only					*
99406	Smoking & Tobacco Use Cessation counseling visit; Intermediate, greater than 3 mins. and up to 10 mins.	3-10 Minutes	8.99		7.64	7.19	6.29	4.49		*
99407	Smoking & Tobacco Use Cessation counseling visit; Intensive, greater than 10 mins.	10 Minutes or More	18.50		15.73	14.80	12.95	9.25		*
99408	Screening, Brief Intervention, & Referral to Treatment (SBIRT)	15-30 Minutes	20.00		17.00	16.00	14.00	10.00		
99409	Screening, Brief Intervention, & Referral to Treatment (SBIRT)	30 Minutes or More	40.00		34.00	32.00	28.00	20.00		
H0001	Alcohol and/or Drug Assessment	Event	86.12		73.20	68.88	60.28	43.06		
H0002	Behavioral health screening to determine eligibility for admission to treatment program	Event	86.12		73.20	68.88	60.28	43.06		
H0015	Alcohol and/or Drug Services, Intensive Outpatient Program	Per Diem	125.00							

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H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude, and/or behavior)	Event	22.10		18.79	17.68	15.47	11.05	8.61
H0031	Mental health assessment by non- physician	Event			73.20	68.88	60.28		
H0032	Mental health service plan development by non-physician	Event			73.20	68.88	60.28		
H0035	Partial Hospitalization, under 24 hours	Per Diem	194.10						
H0038	Self-help/Peer Services, individual, per 15 minutes	15 Minutes							8.61
H0038 HQ	Self-help/Peer Services, group, per 15 minutes <i>Requires HQ modifier Limit of 8 units per day per individual, Max of 8 members per group</i>	15 Minutes							3.56
H0040	Assertive Community Treatment program, 4 professional team and 10 professional team (use UB modifier for 10 person professional team) (See Note ¹)	1 Month	750.00 or 1000.00						
H0049	Alcohol and/or Drug Screening, & Brief Intervention, less than 15 minutes	1-14 Minutes	10.00		8.50	8.00	7.00	5.00	

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4 Professional team = \$750.00
10 Professional team = \$1,000.00 (Use modifier UB)

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H2011	Crisis Intervention Service, per 15 minutes	15 Minutes		21.53	18.30	17..22	15.07	10.70		
H2012	Behavioral Health Day Treatment, per hour	60 Minutes		86.12	73.20	68.90	60.28	43.06		
H2015	Comprehensive Community Support services, per 15 minutes	15 minutes		21.53	18.30	17.22	15.07		8.61	
H2019	Therapeutic Behavioral Health services, per 15 minutes <i>Limit of 12 units per individual per day</i>	15 minutes			12.50	12.50	12.50			
H2020	Therapeutic Behavioral Health services, Per Diem >3 hours of services per day	Per Diem	138.00	Services greater than 3 hours per day						
H2027	Psychoeducational Service, per 15 minutes	15 Minutes		55.20	46.29	44.16	38.64	27.60	8.61	
S9480	Intensive outpatient psychiatric services	Per Diem	125.00							
S9484	Mobile Crisis Service (See Note ¹)	60 Minutes		86.12	73.20	68.90	60.28	43.06		
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	Event		86.12	73.20	68.90	60.28	43.06		
T2023	Targeted Case Management for Individuals with SED or SMI; <i>Modifier UA will designate SED population, HE will designate SMI population</i>	1 Month	334.00	Modifier UA = SED Modifier HE = SMI						

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T2023	Targeted Case Management for Individuals with Co-Occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues; <i>Requires TG modifier</i>	1 Month	541.00							Mofifier TG
T2023	Targeted Case Management for Individuals with Substance Use Disorders; <i>Requires HF modifier</i>	1 Month	334.00							Modifier HF = Substance use disorders

NOTES:

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The above codes and rates listed are billable for outpatient hospital settings.

updated

Kentucky Medicaid Behavioral Health Substance Abuse Services - Facility Fee Schedule (Effective 1/1/2021)

Code	Description	Unit of Service	Entity Rate	Modifiers: Psychiatrist= AF; MD/DO= AM	Modifiers: APRN= SA; Licensed Clinical Psychologist= AH; PA= U1	Modifiers: Lic Masters level- (Supervisor): LPP, CPsy w/Auto Funct.= U8; LCSW= AJ; LPCC, LMFT, LPAT, LBA LCADC= HO	Modifiers: Assoc (w/ Supervision): LPA, CPsy, CSW, LPCA, MFTA, LPATA, LABA, LCADCA= U4	Modifier: CADC= U6	Modifiers: Other Non- Bachelors- level: PSS= U7; CSA= UC
LICENSED SUBSTANCE USE DISORDER RESIDENTIAL TREATMENT PROGRAM CODES Must be billed by Provider Type 03 (BHSO Tier III) only									
H0011	Behavioral Health; Residential Treatment Program - ASAM Level 3.5, W/O Room & Board	Per Diem	295.00						
				To be used by Residential SUD programs that have received Provisional Certification by DMS or CARF/ASAM Level of Care 3.5 Certification					
H0018	Behavioral Health; Short-Term Residential (Non-Hospital) Treatment Prog, W/O Room & Board	Per Diem	230.00						
				To be used by Residential SUD programs that have NOT received Provisional Certification by DMS or CARF/ASAM Level of Care Certification					
H0019	Behavioral Health; Long-Term Residential (Non-Medical, non-acute care residential prog stay typically longer than 30 days), W/O Room & Board	Per Diem	230.00						
				To be used by Residential SUD programs that have NOT received Provisional Certification by DMS or CARF/ASAM Level of Care Certification					
H2034	Behavioral Health; Residential Treatment Prog - ASAM Level 3.1, W/O Room & Board	Per Diem	250.00						
				To be used by Residential SUD programs that have received Provisional Certification by DMS or CARF/ASAM Level of Care 3.1 Certification					
LICENSED RESIDENTIAL CRISIS STABILIZATION UNIT AND LICENSED CHEMICAL DEPENDENCY TREATMENT CENTER CODES - H2036 or S9485 Must be billed by ProviderType 26 (RCSU), H011 and H2036 by Provider Type 06 (CDTC) only									
H0011	Behavioral Health; Residential Treatment (within CDTC) - ASAM Level 3.5, W/O Room & Board	Per Diem	295.00						
				To be used by Chemical Dependency Treatment Center SUD programs that have received Provisional Certification by DMS or CARF/ASAM Level of Care 3.5 Certification					
H2036	Crisis Intervention SUD Service (RCSU or CDTC) ASAM 3.7 Level	Per Diem	376.00						
				To be used by Residential Crisis Stabilization Units treating Substance Use Disorder or Chemical Dependency Treatment Centers, ASAM Level of Care 3.7					
S9485	Crisis Intervention Mental Health Service (RCSU), Per Diem	Per Diem	376.00						

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